

## **EXHIBIT A**



DEPARTMENT OF THE NAVY  
OFFICE OF THE JUDGE ADVOCATE GENERAL  
TORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE SUITE 205  
NORFOLK, VA 23511-2949

IN REPLY REFER TO

5890  
Ser J170383  
April 14, 2017

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SHIRAZ K KHAN ESQ  
THE SHIRAZ LAW FIRM PLLC  
20245 W 12 MILE RD SUITE 215  
SOUTHFIELD MI 48076

Dear Mr. Khan:

SUBJECT: CLAIMS OF GHAZALA AND MASOOD SIDDIQUI, INDIVIDUALLY AND  
AS CO-PERSONAL REPRESENTATIVES OF THE ESTATE OF RAHEEL  
SIDDIQUI, DECEASED; OUR FILE NOS. J170383 AND 170384

This responds to your clients' administrative claims in the amounts of \$60,000,000.00 and \$40,000,000.00, respectively, for damages allegedly resulting from a fatal fall incident onboard Marine Corps Recruit Depot Parris Island in Parris Island, South Carolina, on March 18, 2016. Your clients' claims were analyzed under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), and 2671-2680. Our investigation has determined the United States is not liable under the FTCA for the damages claimed.

Active duty service members are barred from seeking recovery against the government in tort for injuries arising out of their military service by the doctrine set forth by the United States Supreme Court in *Feres v. United States*, 340 U.S. 135 (1950). Altercations with fellow service members, suicides and other incidents occurring in on-base squad bays/barracks are uniformly deemed to arise out of the member's military service. See, e.g., *Purcell v. United States*, 656 F.3d 463, 467 (7th Cir. 2011) (suicide in barracks); *Castro v. United States*, 2016 U.S. Dist. LEXIS 80701, 2016 WL 3405448 (N.D. Cal. June 21, 2016) (fatal shooting in barracks). Accordingly, the claim filed on behalf of the Estate of Raheel Saddiqui is denied.

Claims that are derivative of an injury to an active duty service member are also barred by the *Feres* doctrine. See *Kendrick v. United States*, 877 F.2d 1201 (4th Cir. 1989); *Hartline v. United States*, 1994 U.S. App. LEXIS 3259 (4th Cir. Feb. 24, 1994); *Skees v. United States By & Through Dep't of the Army*, 107 F.3d 421 (6th Cir. 1997); *De Font v. United States*, 453 F.2d 1239 (1st Cir. 1972). Accordingly, the claims filed on behalf of Mr. and Mrs. Saddiqui, individually, are denied.

If your clients do not agree with this decision, be advised they have six months from the date of mailing of this letter to file suit in the appropriate Federal district court. By law, failure

5890

Ser J170383

April 14, 2017

to comply with this six month time limit may forever bar them from filing a lawsuit. If you have any questions, please contact me by phone at 757-341-4580 or email at [john.braley@navy.mil](mailto:john.braley@navy.mil).

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Braley IV", with a long, sweeping horizontal line extending to the right.

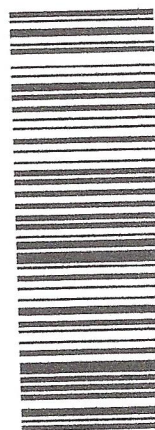
JOHN R. BRALEY IV  
Tort Claims Attorney

DEPARTMENT OF THE N

OFFICE OF THE JUDGE ADVOC  
FORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE SUIT  
NORFOLK VA 23511-2949

OFFICIAL BUSINESS

CERTIFIED MAIL



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RETURN RECEIPT  
REQUESTED

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48076-540553  
17 APR 17 2017



## **EXHIBIT B**

THE

# SHIRAZ LAW FIRM

A PROFESSIONAL LIMITED LIABILITY COMPANY

December 12, 2016

**DELIVERED VIA CERTIFIED MAIL**

Office of the Judge Advocate General  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, VA 23511-2949

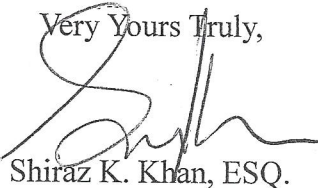
**RE: Death of Raheel Siddiqui**  
**Location: United States Marine Corps, Parris Island, SC.**

To Whom It May Concern:

Please see the completed SF-95 payable under the Federal Tort Claims Act (FTCA).  
28 USC §§ 1346(b), 2671-2680.

Thank you for your attention to this matter.

Very Yours Truly,



Shiraz K. Khan, ESQ.

SKK:ah  
Enclosures.

cc. Ghazala Siddiqui  
Parent (Mother) of Deceased Raheel Siddiqui  
& On Behalf of the Estate of Raheel Siddiqui  
c/o Shiraz K. Khan, ESQ.  
20245 W. 12 Mile Rd., Suite 215  
Southfield, MI. 48076

Siddiq.121216

pg. 1 of 2

**THE SHIRAZ LAW FIRM, PLLC.**

20245 W. 12 Mile Rd, Suite 215, Southfield, Mi 48076. Tel: 248.419.0678 Fax: 248.817.4833  
Email: info@shirazlawfirm.com Website: www.shirazlawfirm.com

cc. Masood Siddiqui  
Parent (Father) of Deceased Raheel Siddiqui  
& On Behalf of the Estate of Raheel Siddiqui  
c/o Shiraz K. Khan, ESQ.  
20245 W. 12 Mile Rd., Suite 215  
Southfield, MI. 48076

cc. Department of the Navy Headquarters  
United States Marine Corps  
3000 Marine Corps Pentagon  
Washington, DC 20350-4000

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS.** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

OMB NO. 1105-0008

## 1. Submit to Appropriate Federal Agency:

Office of the Judge Advocate General  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, VA 23511-29492. Name, address of claimant, and claimant's personal representative if any.  
(See instructions on reverse). Number, Street, City, State and Zip code.Raheel Siddiqui, Deceased.  
Ghazala Siddiqui, Parent & On Behalf of R.Siddiqui's Estate  
c/o Shiraz K. Khan, ESQ./The Shiraz Law Firm PLLC.  
20245 W.12 Mile Road, Ste. 215, Southfield, MI 48076

## 3. TYPE OF EMPLOYMENT

See Addendum

## 4. DATE OF BIRTH

12/15/1995

## 5. MARITAL STATUS

Single

## 6. DATE AND DAY OF ACCIDENT

see addendum

## 7. TIME (A.M. OR P.M.)

see addendum

## 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

SEE ADDENDUM

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.  
(See instructions on reverse side).

N/A

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

DEATH AS A RESULT OF NEGLIGENCE, MISCONDUCT, MALTREATMENT, HAZING, AND ABUSE AT MULTIPLE LEVELS OF COMMAND (SEE ATTACHMENTS &amp; ADDENDUM)

\*NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS) LEGAL AND ADMINISTRATIVE PROCESSES PENDING

11. **WITNESSES**

## NAME

## ADDRESS (Number, Street, City, State, and Zip Code)

SEE ADDENDUM

## 12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

## 12a. PROPERTY DAMAGE

## 12b. PERSONAL INJURY

## 12c. WRONGFUL DEATH

## 12d. TOTAL (Failure to specify may cause forfeiture of your rights).

See Addendum

\$60,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

## 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

Ghazala Siddiqui

## 13b. PHONE NUMBER OF PERSON SIGNING FORM

7344379011 or Legal: 248-419-0678

## 14. DATE OF SIGNATURE

12/08/2016

**CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

SEE ADDENDUM

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

SEE ADDENDUM

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

SEE ADDENDUM

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is **solely** for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

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Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, VA 23511-29492. Name, address of claimant, and claimant's personal representative if any.  
(See instructions on reverse). Number, Street, City, State and Zip code.Raheel Siddiqui, Deceased.  
Masood Siddiqui, Parent & On Behalf of R.Siddiqui's Estate  
c/o Shiraz K. Khan, ESQ./The Shiraz Law Firm PLLC.  
20245 W.12 Mile Road, Ste. 215, Southfield, MI 48076

3. TYPE OF EMPLOYMENT

See Addendum

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12/15/1995

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Single

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see addendum

7. TIME (A.M. OR P.M.)

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NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.  
(See instructions on reverse side).

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11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

SEE ADDENDUM

12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH


12d. TOTAL (Failure to specify may cause forfeiture of your rights).

See Addendum

\$40,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).



13b. PHONE NUMBER OF PERSON SIGNING FORM

7344379011 or Legal: 248-419-0678

14. DATE OF SIGNATURE

12/08/2016

**CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

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CLAIM OR MAKING FALSE STATEMENTS**

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SEE ADDENDUM

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

SEE ADDENDUM

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

SEE ADDENDUM

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

## INSTRUCTIONS

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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## **EXHIBIT C**



DEPARTMENT OF THE NAVY  
OFFICE OF THE JUDGE ADVOCATE GENERAL  
TORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE SUITE 205  
NORFOLK, VA 23511-2949

IN REPLY REFER TO

5890  
Ser J170383  
January 27, 2017

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

SHIRAZ K KHAN ESQ  
THE SHIRAZ LAW FIRM  
20245 WEST 12 MILE ROAD SUITE 215  
SOUTHFIELD MI 48076

Dear Mr. Khan:

SUBJECT: CORRESPONDENCE CONCERNING GHAZALA AND MASOOD SIDDIQUI O/B/O  
R. SIDDIQUI ESTATE; OUR FILE NOS. J170383 & J170384


We received the enclosed Standard Form 95s and correspondence dated December 12, 2016, purporting to be claims against the United States. I am returning the original Standard Form 95s and correspondence because they do not contain information necessary to properly present a claim under the Federal Tort Claims Act (FTCA). See 32 C.F.R. § 750.6(a). Specifically, you failed to provide evidence of the claimants' authority to present a claim on behalf of the decedent's estate (this will take the form of an order from a court appointing the claimants as administrator or executor or personal representative, as the case may be).

**Until we receive this information you have not presented a proper claim and the two-year statute of limitations continues to run.**

Please follow the instructions enclosed with the SF 95. If we do not receive the SF 95 or a letter containing the requested information in a timely manner, your attempt to file a claim may be barred by the statute of limitations.

If you have any questions, please contact me by phone at (757) 341-4580, fax at (757) 341-4562, or email at [john.brale@navy.mil](mailto:john.brale@navy.mil).

Sincerely,

  
JOHN R. BRALEY IV  
Tort Claims Attorney

Enclosure

## **EXHIBIT D**



THE



A PROFESSIONAL LIMITED LIABILITY COMPANY

February 28, 2017

**DELIVERED VIA CERTIFIED MAIL**

Office of the Judge Advocate General  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, VA 23511-2949

**RE: Death of Raheel Siddiqui / 5890 Ser J170383 & J170384**  
**Location: United States Marine Corps, Parris Island, SC.**

Dear Mr. Braley:

This letter is in reference to your correspondence dated January 27, 2017.

In support of our Standard Form 95 submitted December 12, 2016, and as requested, please see the attached Letters of Authority for Personal Representative appointing the claimants, Ghazala Siddiqui and Masood Siddiqui as Co-Personal Representatives for the estate of their deceased son, Raheel Siddiqui, as ordered by The State of Michigan Probate Court, County of Wayne.

We are attaching herewith a copy of the Standard Form 95s confirming receipt, and trust your office has the supporting documents/addendums that were sent with the original filing on December 12, 2016. If a copy of the original filing is required, please contact us.

Thank you for your cooperation.

Very Yours Truly,

  
Shiraz K. Khan, ESQ.

Siddiq.22817

pg. 1 of 2

**THE SHIRAZ LAW FIRM, PLLC.**

20245 W. 12 Mile Rd, Suite 215, Southfield, Mi 48076. Tel: 248.419.0678 Fax: 248.817.4833  
Email: info@shirazlawfirm.com Website: www.shirazlawfirm.com

SKK:ah  
Enclosures.

- cc. Ghazala Siddiqui  
Parent (Mother) of Deceased Raheel Siddiqui  
& On Behalf of the Estate of Raheel Siddiqui  
c/o Shiraz K. Khan, ESQ.  
20245 W. 12 Mile Rd., Suite 215  
Southfield, MI. 48076
- cc. Masood Siddiqui  
Parent (Father) of Deceased Raheel Siddiqui  
& On Behalf of the Estate of Raheel Siddiqui  
c/o Shiraz K. Khan, ESQ.  
20245 W. 12 Mile Rd., Suite 215  
Southfield, MI. 48076



**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF WAYNE**

**LETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE**

**FILE NO.**

2017-825496-DE  
Judge Judy A Hartsfield

Estate of Raheel Siddiqui, Decedent

TO: Name, address, and telephone no.

Ghazala Siddiqui  
2201 Whitefield Street  
Dearborn Hts, MI 48127  
(734)-772-8492

Masood Siddiqui  
2201 Whitefield Street  
Dearborn Hts, MI 48127  
(734)-772-8492

You have been appointed and qualified as Co- Personal Representative of the estate on

02/28/2017

Date

You are authorized to do and perform all acts authorized by law except as to the following:

**Restrictions:**

These letters expire: 4/25/2018

Date



Probate Register

02/28/2017

Date

**SEE NOTICE OF DUTIES ON SECOND PAGE**

Shiraz Khan

78359

Shiraz Khan

78359

Attorney name (type or print)

Bar no.

Attorney name (type or print)

Bar no.

20245 W. 12 Mile Rd. Suite 215

20245 W. 12 Mile Rd. Suite 215

Address

Address

Southfield, MI 48076

(248)-419-0678

Southfield, MI 48076

(248)-419-0678

City, state, zip

Telephone no.

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

FEB 28 2017

Date



Deputy Probate Register

The Letters of Authority are valid only if issued with the raised seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 700.3103; MCL 700.3307, MCL 700.3414,

MCL 700.3504, MCL 700.3601,;

MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

## **EXHIBIT E**



DEPARTMENT OF THE NAVY  
HEADQUARTERS  
NAVAL CRIMINAL INVESTIGATIVE SERVICE  
27130 TELEGRAPH ROAD  
QUANTICO VA 22134-2253

5720 2016-005150  
SER00LJF/16U1418

JUL 29 2016

Mr. Shiraz Khan  
The Shiraz Law Firm, PLLC  
20245 W. 12 Mile Road, Suite 215  
Southfield, MI 48076

SUBJECT: FILE NUMBER 2016-005150

Dear Mr. Khan,

This responds to your July 20, 2016 Freedom of Information Act (FOIA) request on behalf of your clients, Mr. and Mrs. Siddiqui, seeking information into the death of their son Private Raheel Siddiqui, USMC. We received your request on July 28, 2016.

Please extend our sincere condolences on the loss of their son. It is our desire to assist you in your search for information concerning his death. However, the information you seek is currently exempt from disclosure because the investigation is still pending. Per the provisions of 5 U.S.C. Section § 552 (the Freedom of Information Act) at subsection (b)(7)(A), law enforcement records are exempt if the production of the records at the time requested reasonably can be expected to interfere with enforcement proceedings.

Although your request is being denied at this time, please understand that upon closure of our investigation, it will be processed and all releasable information will be provided to you. You will not be required to resubmit another written request.

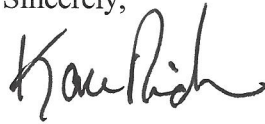
As the official responsible for the denial of your request, I am advising you of your right to appeal this determination. Your appeal must be postmarked within 90 calendar days from the date of this letter and should be addressed to the Secretary of the Navy's designee: Office of the Judge Advocate General, (Code 14), 1322 Patterson Avenue, S.E., Suite 3000, Washington Navy Yard, D.C. 20374-5066. The envelope and letter must bear the annotation "FOIA Appeal." Please include a copy of your original request and a copy of our denial with your appeal letter.

If you choose not to appeal, you have the right to seek dispute resolution services. You may contact the Department of the Navy's FOIA public liaison, Mr. Chris Julka, at christopher.a.julka@navy.mil or (703) 697-0031 or the Office of Government Information Services (<https://ogis.archives.gov/>).

5720 2016-005150  
SER00LJF/16U1418

If you have any questions regarding this matter, please do not hesitate to contact our office at (571) 305-9092 or via electronic mail at [ncis\\_foia@ncis.navy.mil](mailto:ncis_foia@ncis.navy.mil).

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Richman". The signature is fluid and cursive, with the first name "Karen" and last name "Richman" clearly distinguishable.

KAREN RICHMAN  
CDR, JAGC, NAVY

## **EXHIBIT F**





*This is to certify that*

*Raheel Siddiqui*

*has successfully passed the required mental, moral and physical examinations and has been accepted for enlistment in the  
Delayed Entry Program  
of the United States Marine Corps.*

*The defense of our country and our freedoms  
is the duty and privilege of every citizen.  
The Marine Corps has a proud tradition of outstanding  
service to our country in peace and war.*

*Voluntary membership in this elite military  
organization is a clear demonstration of the American  
qualities of patriotism and loyalty.*

Presented this 1<sup>st</sup> day  
of August, 20 15



*Recruiter, United States Marine Corps*

*[Signature]*  
By the Commanding Officer,  
Marine Corps Recruiting Station